

# Exhibit

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**CERTIFICATION OF VITAL RECORD**

# COUNTY of SANTA CLARA

PUBLIC HEALTH  
2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

## CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		
	MICHAEL		EDWARD		FEIN		
	4. DATE OF BIRTH M/M/D/D/C/C/Y		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/D/D/C/C/Y
	11/06/1942		58		M		11/23/2000
	8. HOUR		1730				
USUAL RESIDENCE	9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS
	NY		335-36-2873		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married
	13. EDUCATION—YEARS COMPLETED		22				
INFORMANT	14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		
	White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Mallinckrodt/Nellcor		
	17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION		
Electrical Engineer		Medical Equipment		36			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)							
1613 Hollingsworth Drive							
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
Mountain View		Santa Clara		94040		22	
25. STATE OR FOREIGN COUNTRY		California					
26. NAME, RELATIONSHIP				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
Marcia Fein, wife				1613 Hollingsworth Dr. Mountain View, CA 94040			
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)		
	Marcia		-		Proctor		
	31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		
	Samuel		Steven		Fein		
34. BIRTH STATE		NY					
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)			38. BIRTH STATE
Ruth		-		Cohen			NY
39. DATE M/M/D/D/C/C/Y		40. PLACE OF FINAL DISPOSITION					
12/01/2000		RES: Marcia Fein 1613 Hollingsworth Dr. Mountain View, CA 94040					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.		
	CR/RES		Not embalmed		-		
	44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/D/D/C/C/Y
BYRGAN		FD1279		<i>Martin D. Fenstersheib</i>		11/28/2000	
PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY
	Own residence		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		Santa Clara
	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY		107. CITY		
1613 Hollingsworth Drive		Mountain View		70			
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					TIME INTERVAL BETWEEN ONSET AND DEATH	
	(A) Metastatic Esophageal Cancer					11 mos	
	DUE TO (B)					109. BIOPSY PERFORMED	
						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	DUE TO (C)					110. AUTOPSY PERFORMED	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)					111. USED IN DETERMINING CAUSE		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
None							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
Esophagoscopy and biopsy 07/12/2000							
PHYSI- CIAN'S CERTIFI- CATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/D/D/C/C/Y
	DECEDENT ATTENDED SINCE M/M/D/D/C/C/Y		DECEDENT LATE BEEN ALIVE M/M/D/D/C/C/Y		G031863		11/27/2000
	06/23/2000 11/13/2000		Paula Kushlan M.D. 795 El Camino Palo Alto, CA 94301				
CORONER'S USE ONLY	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE M/M/D/D/C/C/Y
			<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO		122. HOUR
			<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)				126. SIGNATURE OF CORONER OR DEPUTY CORONER			
				127. DATE M/M/D/D/C/C/Y			
				128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

H1347615



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12/04/2000

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*Martin D. Fenstersheib MD*  
MARTIN D. FENSTERSHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

